PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUR FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence including delow or directed of ations.	for trange the nerwise	esmitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLI rders and notification a) specifying a new of	CAT n of r corres	ON FEE (if requinaintenance fees we pondence address;	ired). I vill be and/or	Blocks 1 through 5 sl mailed to the current r (b) indicating a sepa	hould be completed where correspondence address a trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
3000 7590 05/18/2007 CAESAR, RIVISE, BERNSTEIN, COHEN & POKOTILOW, LTD. 11TH FLOOR, SEVEN PENN CENTER 1635 MARKET STREET						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
PHILADELPHI	;	Joseph, F. Murphy			phy	(Depositor's name)				
11112/12/22/11				Joseph T. Z			(Signature)			
			-		M	ay 25, 20	<u> </u>		(Date)	
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.	
10/510,435 10/06/2004				Reddy Bandi Parthasaradhi			H1089/20020		8864	
TITLE OF INVENTION	: NOVEL POLYMORP	HS OF	TOLTERODINE	TARTRATE						
APPLN. TYPE	SMALL ENTITY		SUE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FEI		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$700	\$300		\$0		\$1000	08/20/2007	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
O SULLIVAN, PETER G 1621				514-648000		•				
 Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 										
3. ASSIGNEE NAME A	ND RESIDENCE DATA	ТОВ	E PRINTED ON T	THE PATENT (print	or typ	ė)				
PLEASE NOTE: Unl recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified bo	elow, no assignee of this form is NO						ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
HETERO DRUGS LIMITED HYDERABAD, INDIA										
Please check the appropr	iate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🛭 Co	rporati	on or other private gro	up entity Government	
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-0075 (enclose an extra copy of this form). 						
5. Change in Entity Star	tus (from status indicated		,					TTY status. See 37 CF		
<u> </u>	d Publication Fee (if requ	ired) v	vill not be accepted	from anyone other t					e assignee or other party in	
Authorized Signature	W			Date <u>M</u> a	ay 2	25, 2007				
Typed or printed name	rphy			Registration N	o	58,313				
This collection of inform an application. Confident submitting the completed this form and/or suggesti	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bur	FR 1.3 U.S.C. USPT	11. The information 122 and 37 CFR O. Time will vary tould be sent to the	n is required to obtain 1.14. This collection depending upon the Chief Information C	n or re is esti indivi	etain a benefit by the mated to take 12 m dual case. Any con r. U.S. Patent and 1	ne publi ninutes mments	ic which is to file (and to complete, including s on the amount of tin ark Office, U.S. Dena	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce. P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.